

7021 1970 0001 7402 1015

U.S. Postal Service™	
CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ™.	
OFFICIAL USE	
Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage \$ _____	
Sent To	David Lopez
	David Lopez Attorney at Law
Street or	2806 Fredericksburg Rd., Suite 118
	San Antonio, TX 78201
City, Sta	2:22-cv-00059-AM-VRG DOC[11]
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	